



ANNUAL PUPIL TRANSPORTATION REPORT

of the

SUPERINTENDENT/DIRECTOR OF SCHOOLS

for the

_____ **SCHOOL SYSTEM**

to the

STATE COMMISSIONER OF EDUCATION

for the

SCHOOL YEAR ENDING ON JUNE 30, 20_____

* * * * *

I, _____ do solemnly swear (or affirm) that the enclosed Annual Pupil Transportation Report is correct to the best of my knowledge and belief.

(Signed) Superintendent/Director of Schools

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 20____

Notary Public

[SEAL]

My Commission Expires _____ 20_____.

INSTRUCTIONS FOR COMPLETING THE ANNUAL PUPIL TRANSPORTATION REPORT

This report should be completed as soon as possible after the conclusion of the fiscal year on June 30.

The report should be completed in the following manner:

- A.1. Check the type of ownership plan utilized. If the combination plan is checked, list the number of both privately-owned and publicly-owned vehicles.
- A.2. Enter the number of vehicles by age level in the block opposite the capacity size.
Example: Five, 3-year old 60 capacity buses would be recorded in the 3rd column for the 60 capacity vehicle.
- B.1. Record both regular and substitute drivers according to gender.
- B.2. Show only the beginning annual salary. Do not attempt to show an average or the incremental levels observed.
- B.3. Enter the number of drivers for each age grouping.
- B.4. Enter the number of drivers for each tenure grouping.
- C.1. Indicate the miles traveled from the residence or motor pool, wherever the drivers get into the buses, by **all drivers** to their first pick-up of students who live 1.5 miles from school. If driver makes a 2nd trip in the morning, the distance for this route from the last school served to the first pick-up of that trip who lives more than 1.5 miles from his/her school.
- C.2. Indicate the miles traveled by **all drivers** from the first pick-up by of students to the last school served.
- D.1. Indicate the number of students transported by category as provided for in TCA 49-6-2101. Include handicapped pupils that are transported on regular school buses.
- D.2. Include only those handicapped pupils that UTILIZE Type I and Type II Special Transportation Equipment. (See starred vehicle categories A.2. a-b.)
- D.3. Indicate pupils provided with board authorized payments in lieu of transportation. TCA 49-6-2104.
- D.4. Enter the sum of all pupils listed in D.1 through D.3.
- E.1. Enter the number of accidents that resulted in pupil injuries and/or fatalities.
- E.1. a. (1) Enter the number of pupils that required treatment as the result of an accident, but **were not** confined overnight.
- E.1. a. (2) Enter the number that were confined overnight or longer.
- E.1. b. (1) Enter the number of pupils who were passengers on the bus that died as a result of an accident.
- E.1. b. (2) Enter the number of pupils that were fatally injured outside the bus.
- E.2. Enter the number of accidents that involved only property damage.
- E.3. Enter the sum of E-1 and E-2 in this space.
- E.4. Enter the total number of buses displaying commercial advertising.
- E.5. Enter the number of buses displaying commercial advertising that were involved in accidents.

**DOCUMENTATION OF TOTAL ADTs 1.5 MILES OR MORE
SECTION D, LINE 4**

Please supply documentation of how you determined the number for Section D, Line 4 – “Total Students ADT 1.5 Miles or More.” Acceptable ways of providing this information are:

1. Copy of Annual Summary Report as developed by the membership/attendance software package your system uses. (Remember that some versions develop double counts).
2. If you do use a software package, then list each bus and the total number of students enrolled for transportation, the total number of students enrolled for transportation 1.5 miles or more from the school they attend, and the ADT of those students transported 1.5 miles or more.

Example:

Bus Number	Total Enrolled For Transportation	Total Enrolled 1.5 miles or more	ADT of More Than 1.5 Miles or More
10a	35	30	28
10b	40	35	33

One bus may make more than one trip in A.M. If so, list each trip separately.

3. Each school in a system may prepare a summary report for each bus serving that school using the same format as #2 above.

ANNUAL PUPIL TRANSPORTATION REPORT

Ending June 30, _____

A. EQUIPMENT:

1. Type of ownership (check one):

- a. Private _____
- b. Public _____
- c. Combination _____

1) Number of Publicly owned buses _____

2) Number of Privately owned buses _____

2. Number of buses in operation (including spares) by age level:

TYPE OF BUS AND CAPACITY SIZE

YEARS IN OPERATION

a. TYPE I	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
17 Pass.																		
24 Pass																		
29-30 Pass.																		
35-36 Pass.																		
47-48 Pass.																		
53-54 Pass.																		
59-60 Pass.																		
65-66 Pass.																		
*Spec. Educ. (lifts, ramps)																		
71-72 Pass.																		
77-78 Pass.																		
83-84 Pass.																		
89-90 Pass.																		
b. TYPE II																		
6-10 Pass.																		
11-16 Pass.																		
* Spec. Educ. (lifts, ramps)																		
c. TOTAL																		

B. DRIVERS

- | | | |
|--------------------------------|--|---------------------------------|
| | Number of
Regular Drivers | Number of
Substitute Drivers |
| 1. Gender: | | |
| a. Male | _____ | _____ |
| b. Female | _____ | _____ |
| 2. Beginning Annual Salary: \$ | _____ | |
| 3. Age: (Years) | 21-30 _____; 31-40 _____; 41-50 _____; 51-60 _____; 61-70 _____; 71+ _____ | |
| 4. Tenure: (Years) | 0-5 _____; 6-10 _____; 11-20 _____; 21-30 _____; 31-40 _____; 41+ _____ | |

C. DAILY ONE-WAY MILES TRAVELED FOR ALL BUSES:

1. From residence to first pick-up: _____ miles
2. From first pick-up to last school served: _____ miles

D. PUPILS TRANSPORTED:	Total Enrolled For Transportation	Total 1.5 miles + For Transportation	Total Students ADT 1.5 miles +
1. Regular (TCA 49-6-2101)	_____	_____	_____
*2. Special Transportation (TCA 49-6-2101)	_____	_____	_____
3. Isolated (TCA 49-6-2104)	_____	_____	_____
4. Total	_____	_____	_____
*Pupils transported on Special Transportation Equipment.			

E. ACCIDENTS: Regardless of Severity of Damage (State Board Regulation, A-2 (b), p. 72)

1. Number of Personal Injury Accidents _____
 - a. Number of pupils injured: _____
 - 1) Treated and released _____
 - 2) Confined overnight or longer in hospital _____
 - b. Number of pupil fatalities: _____
 - 1) On board deaths _____
 - 2) Off-board deaths _____
2. Number of Property Damage Accidents _____
3. Total of all Type Accidents: (E-1 + E-2) _____
4. Total number of buses displaying commercial advertising _____
5. Number of buses displaying commercial advertising involved in accidents _____

FORM PREPARED BY: _____

TITLE

DATE